KINGSTON MATERNITY

NHS Kingston Hospital NHS Foundation Trust

Postnatal information for your baby

At each postnatal assessment your midwife will check your baby's well-being. The following observations help to build up a complete picture of your baby and your midwife will discuss the findings with you.

Temperature
Your midwife will check how warm your baby feels to the touch which is a good indication of how appropriate the temperature is around your baby. Your midwife can advise on the amount of clothing and bedding to use, whether in the house, car or pram etc. If there are any concerns about your baby's temperature, your midwife will take your baby's temperature using a thermometer.

Breathing
Your midwife will observe your baby's breathing. Your baby will breathe faster than adults. Their normal respiration rate is between 30- 60 breaths/min.

Heart Rate
Your baby's heart rate is also faster than an adults'. In a newborn, a normal heart rate is between 100 and 160 beats/min.

Weight
It is expected for your baby to lose weight in the first 3—4 days; they should start to gain weight after 5-7 days. Your baby will be weighed at birth; then if you are seen on day 3, he/she may also be weighed. He/ she will normally be weighed again on days 5 and 10.

Your health visitor will give you information about local child health clinics. They will continue assessing your baby's growth as he/she gets older. Most babies double their birth weight by four to five months and treble their birth weight by one year.

Tone (muscle tone - activity and reflexes)
Your midwife will check to see that your baby can move both arms and legs. In the early days and weeks your baby will have some involuntary movements which are called reflexes.

These include:

The root reflex which begins when the baby's cheek is stroked or touched. The baby will turn his/her head and open his/ her mouth to follow and "root" in the direction of the stroking. This helps the baby find the breast or bottle and begin feeding. Babies are born with the ability to suck and during the first few days they learn to coordinate their sucking and breathing.

The startle reflex occurs when a baby is startled by a loud sound or movement. The baby throws back its head, extends out the arms and legs, cries, then pulls the arms and legs back in. A baby's own cry can startle him/her and begin this reflex.

They can also grasp things like your finger with either their hands or feet and they will make stepping movements if they are held upright on a flat surface.

All these responses, except sucking, will be lost within a few months and your baby will begin to make controlled movements instead.

Colour
Your midwife will check that your baby looks healthy and well perfused. Changes in skin colour can indicate that your baby may require closer observation. See below for information on Jaundice (yellow colouring of the skin).

Eyes
Your baby's eyes are observed for any signs of stickiness, redness or discharge. Cleaning of your baby's eyes is not required unless your baby develops an infection. This can occur for no apparent reason and appears as a yellow discharge in one or both eyes. If this happens, your midwife may take a swab or arrange for your GP to prescribe treatment. Your midwife will also show you how to clean the eyes properly.

It is common for a newborn to have poor control of their eyes and appear cross-eyed at times, but this should decrease as the eye muscles strengthen. The eyes usually look blue-grey or brown. In general, your baby's permanent eye colour will be apparent within 6 to 12 months.

Mouth
Your baby's mouth is checked for redness, white spots or a white coating, which does not disappear between feeds. This may be a sign of thrush and can be avoided by good hygiene. Thrush is a fungal infection that is most common in babies around 4 weeks old but may occur earlier. It is seen as a white furry coating in the baby's mouth that does not go away when wiped.

Always wash your hands before preparing bottles and after changing your baby's nappy. If your baby is sucking on a bottle teat wash these carefully and sterilise them before use. We do not recommend the use of dummies, but if you do decide to use one, these must be sterilised before use. Never put the dummy into your own mouth then into your baby's mouth. If your baby does develop thrush it may be necessary to treat with medicine prescribed by your GP. Sometimes you will need to be treated as well.

Cord
The stump of the cord will drop off between 7-10 days following the birth. It usually does not require any special attention, other than careful washing and drying at bath time. It is very common for the stump to bleed slightly as it separates and your midwife will advise you how to care for this. Usually all that is required is to ensure the nappy does not rub on the area. If there is any heavy bleeding, discharge, redness, or bad smell around the cord stump you should contact your midwife or health visitor.

Skin
Your baby's skin is very sensitive in the early weeks. Your midwife will check your baby's skin for any spots, rashes or dryness.

After your baby is born it may have small amounts of vernix left in the skin folds, such as under the arms. This is the white creamy substance that protects their skin whilst inside your uterus. It is not harmful to your baby and in fact will help moisturise your baby's skin. It will disappear over the next few days so there is no need to try to remove it.

Some babies have dry skin in the first few weeks after birth; this is more common if your baby was born after the due date. Avoid using baby bath liquid or soap when bathing your baby. After washing, pat dry and make sure skin creases are dry. You may wish to rub some olive oil onto your baby's skin (avoiding their face and hands); ask your midwife for more information. www.nhs.uk/conditions/pregnancy-and-baby/pages/your-baby-after-birth.aspx

Urine
You should expect your baby to have the following wet nappies:

Day	Number of wet nappies
1-2	At least 1-2
3-4	At least 3
7 onwards	At least 6

You may notice a red/orange/pink residue in your baby's nappy over the first 24-48 hours. These are called urates and are crystals from your baby's kidneys. They should disappear after a couple of days. This will be helped by regular feeding.

Bowels (stools)
The first stools are sticky, greenish-black and are called meconium. Over the next few days, the colour of your baby's stool will change as follows:

Day	Number per 24 hours	Colour of stools
1-2	At least 1	meconium
3-4	At least 2	changing stools, greeny-brown
5 onwards	At least 2	Mustard yellow, 'seedy'

If this doesn't happen, please inform your midwife, health visitor or GP.

Breastfed babies will have soft, loose yellow stools that do not smell, while a formula fed baby will have stools that are more formed, darker and smellier. All babies should pass at least two soft stools per day for the first six weeks regardless of feeding method. If your baby has a higher number and it is looser than normal, contact your healthcare professional. If you have any concerns, ask your midwife or GP for advice.

The fontanelle
When born, a baby's skull is not fully fused together in order to help it pass through the birth canal. This leaves a diamond shaped patch on the top of your baby's head near the front called the fontanelle. It will probably be a year or more before the bones close over it. You may notice it moving as your baby breathes. You don't need to worry about touching it as there is a tough layer of membrane under the skin.

Your midwife will check that this is not sunken which can be a sign that your baby is dehydrated.

Feeding your baby

Responsive feeding
Keep your baby close to you so that you start to recognise the signals they make to tell you they are hungry or want a cuddle. Responding to these signals will make your baby feel safe. Breastfed babies cannot be overfed so you can use breastfeeding to soothe your baby and as a way of spending time together, or having a rest whenever you both want.

Skin-to-skin contact
Spending some time quietly holding your baby in skin to skin contact (baby naked or with just a nappy against your bare chest, covered by a blanket) straight after the birth is very important because: it helps to calm your baby; regulates their temperature helping keep him or her warm; steadies your baby's breathing; and gives you time to bond. It also helps to get breastfeeding off to a good start. Provided you are both well, you will be able to hold your baby straight away.

If you have had a caesarean delivery, or have been separated from your baby for a while after the birth, you will both still benefit from skin to skin contact as soon as you are able.

Skin to skin is recommended as often as possible with your baby, and can also be done by your partner.

Keeping baby close
New babies have a strong need to be close to their parents, as this helps them to feel secure and loved. When babies feel secure they release a hormone called oxytocin, which helps their brains to grow and helps them to be happy babies and more confident children and adults. Holding, smiling and talking to your baby also releases oxytocin in you, which helps you to feel calm and happy.

For more information visit:

- Unicef : www.unicef.org.uk/babyfriendly/baby-friendly-resources/support-for-parents/
- NHS Choices: www.nhs.uk/conditions/pregnancy-and-baby/pages/breastfeeding-first-days.aspx
- NHS Choices: www.nhs.uk/conditions/pregnancy-and-baby/pages/bottle-feeding-advice.aspx

Bumps and bruises
It is quite common for a newborn baby to have some swelling (caput) and bruises on the head, and perhaps to have bloodshot eyes, particularly if you had an instrumental delivery. This is the result of the squeezing and pushing that is part of being born and will soon disappear

Birthmarks and spots
Marks or spots that you may notice mainly on the head and face of your baby usually fade away eventually. Most common are the little pink or red marks some people call stork bites. These v-shaped marks on the forehead, upper eyelids and nape of the neck gradually fade, though it may be some months before they disappear completely. Strawberry marks are also very common. They are dark red and slightly raised, appearing a few days after the birth, sometimes getting bigger. These too will disappear eventually.

Some babies will have Blue Spots which look like bruises — often found at the base of the back, on the buttocks and lower limbs. These are more common in babies of darker skinned ethnicities and normally fade in time. For more information : NHS Choices : www.nhs.uk/conditions/birthmarks/

Breasts and genitals
Quite often a newborn baby's breasts are a little swollen and may ooze some milk, whether the baby is a boy or girl. Girls sometimes bleed slightly or have a discharge from the vagina. This is the result of hormones passing from the mother to the baby before birth and is no cause for concern. The genitals of male and female newborn babies often appear rather swollen, but will look in proportion to their bodies in a few weeks.

Jaundice (yellow colour)
On about two to three days after birth, some babies develop a yellow colour to their skin and whites of the eyes due to mild jaundice. It is caused by a substance known as bilirubin, which builds up in babies blood as a result of fast breakdown of red blood cells. This is a normal process and does no harm. The jaundice usually fades within 10 days or so, but it may last for up to two weeks.

If your baby is jaundiced and very sleepy with green or pale stools, this could be a sign that the level of their jaundice is more serious. A serum bilirubin blood test (SBR) may be recommended to determine what the level of jaundice is. If treatment is indicated this is done using phototherapy. The undressed baby is placed under a very bright light, usually with a soft mask over the eyes. This may continue for several days before the jaundice clears up. You will be advised according to your individual circumstances.

Please see below for more information on prolonged jaundice.

For more information visit: NHS choices : www.nhs.uk/conditions/jaundice-newborn

Excessive crying
Some babies cry a lot and this can be very stressful. There may be times when you feel unable to cope. This happens to lots of parents and is nothing to be ashamed of. Ask your family and friends to help and discuss this with your health visitor or GP

For more information : www.nhs.uk/conditions/pregnancy-and-baby/soothing-crying-baby/

Nappy rash
The skin on a baby's bottom is sensitive and prolonged contact with urine or stools can cause burning or reddening of the skin. Nappies should be changed frequently, either before or after feeds to prevent this.

There are many possible causes of nappy rash, for example poor hygiene and skin care, infection, sensitivity to detergents, fabric softeners or other products that have been in contact with the skin. If the skin does become sore, it is better to use warm water and cotton wool rather than wipes or lotions to clean your baby. Cream can be used, but if the rash does not improve advice should be sought from your GP.

For more information: NHS choices www.nhs.uk/conditions/pregnancy-and-baby/nappy-rash/

Problems to look out for

Colic
A baby who cries excessively and inconsolably and either draws up his or her knees, or arches his or her back, especially in the evening, may have colic. You should tell your midwife or GP so that an assessment can be made to rule out other causes. They will then advise you according to your individual circumstance. For more information: NHS Choices: www.nhs.uk/conditions/colic

Prolonged jaundice
This is when jaundice is still present after 2 weeks, in which case an SBR may be recommended to detect the level of jaundice. If treatment is indicated, this is done using phototherapy. See pg. 42 above for more information.

Infection
Some babies are at increased risk of developing infections in the eyes, umbilicus, urinary tract or on the skin, particularly if the mother has:

- An existing infection such as Group B haemolytic streptococcus
- Rupture of membranes (waters breaking) for more than 24 hours
- A temperature in labour greater than 37.5 0C

Symptoms of infections are what your midwife is looking for during the baby assessments, and can appear as sticky eyes, redness around the umbilicus and septic spots, which may or may not be accompanied by your baby being generally unwell. If you have concerns regarding any of these factors contact your midwife/GP.

Low blood sugar
A low blood sugar (hypoglycaemia) in a normally grown term baby is unusual. However, screening for hypoglycaemia may be indicated if he or she was born prematurely, is very small or very large, had a difficult delivery or you have diabetes.

Prematurity (less than 37 weeks of pregnancy)
If your baby was born early, there is an increased risk of conditions such as prolonged jaundice, infection, a low blood sugar and vitamin K deficiency bleeding (VKDB). This all depends on how early your baby has been born. If admission to neonatal intensive care is required, you will be advised according to your individual circumstances.

Healthcare professionals who may help care for you and your baby

Midwives
Your midwifery team are usually the main care providers throughout the early postnatal period. They will ensure that your care is tailored to meet your individual needs and will work in partnership with you and your family to ensure you can make informed decisions about your baby's care. Visits are arranged at home or at clinics in the local community. Care is provided by the midwifery team for a minimum of 10 days or up to 28 days following the birth as required. The frequency and location of visits will be decided between you and your midwife.

24 hour support is available from the midwifery service and you will be given all the information to access that support if required. Please refer to the telephone numbers in your 'Going home with baby' booklet. Your midwife also works in partnership with other health professionals and can refer your baby to the appropriate specialist.

Health visitor
Health visitors work within the NHS. All are qualified nurses or midwives who have done additional training in family and child health, health promotion and public health development work. They work as part of a team alongside your GP and other community nurses such as practice nurses, school nurses, as well as midwives. Your health visitor will visit you at home, around 10-14 days after you have had your baby. Subsequent contacts can then take place either at home, the local health centre, surgery or in the local community. They work with families and young children and all have special expertise in the everyday challenges of parenthood.

Family doctor / General Practitioner (GP)
GPs are responsible for general medical care and you will need to register your baby as soon as possible after the birth. Your doctor will follow your baby's development closely through regular assessments in partnership with the midwife and health visitor. The immunisation programme which begins at 6 to 8 weeks, usually takes place at the surgery and your health visitor can give you more information about this.

Specialists
Some babies with medical problems from birth may need to be followed up by a neonatologist or paediatrician. If a problem arises with your baby in the postnatal period, the following are also available to help you: audiology for hearing; physiotherapy and orthopaedics for hips; and ultrasound scanning for kidney problems.

Child health clinics
Child health clinics are usually based in your local health centre or GP surgery. They are run on a weekly basis by your health visitor and provide information and advice on all aspects of health and baby care. Your health visitor will give you all the information about where and when these clinics are held.

Child health records
This will be given to you by your midwife following delivery and is the main record of your child's health, growth and development. You should therefore keep it in a safe place. You can also register for a digital (eRed book) child health record online. This ensures that you have a copy of your child's progress for your own information and also for health professionals when and where they may need it. It also records your child's height and weight, immunisations, childhood illnesses and accidents. To register for an eRedbook, visit: www.eredbook.org.uk

Looking after your baby

Early development
Newborn babies can use all their senses. From birth your baby will focus on and follow your face

when you are close in front of them. They will enjoy gentle touch and the sound of a soothing voice and will react to bright light and be startled by sudden, loud noises.

By two weeks of age babies begin to recognise their parents and by 4 to 6 weeks start to smile. Interacting with your baby through talking, smiling and singing to them are all ways of helping your baby feel loved and secure.

Sleeping position
Your baby should be placed in the cot, on his or her back with their feet against the foot of the cot. This is to ensure that your baby's head does not become covered by bedding, which can lead to overheating. This is commonly referred to as the 'feet to foot' position. For more information: www.lullabytrust.org.uk/safer-sleep-advice

Caring for your baby at night - safe sleep guidance
For the first 6 months the safest place for your baby to sleep is in a cot by the side of your bed. This means you can hear your baby and respond to their needs before they start crying or becoming distressed, and reach them easily without having to get up. It is both normal and essential for your baby to feed during the night. Babies grow quickly in the early weeks and months of their lives and have very small stomachs. Therefore they need to feed around the clock to meet their needs.

It is not safe to doze off with your baby on a sofa or armchair, therefore some parents choose to create a safe space to feed their baby in bed and some fall asleep with their baby during the night while feeding and comforting whether they intend to or not. Therefore it is very important to consider the following points:

- Keep your baby away from the pillows
- Make sure your baby cannot fall out of bed or become trapped between the mattress and wall
- Make sure the bedclothes cannot cover your baby's face or head
- Don't leave your baby alone in the bed, as even very young babies can wriggle into a dangerous position

BEWARE it is not safe to share your bed with your baby if:

- Your baby was born very small or preterm
- When you have been drinking any alcohol or taking drugs that may cause drowsiness (legal or illegal)
- If you or anyone else sharing the bed is a smoker

For more information see 'Caring for your baby at night' — https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/sleep-and-night-time-resources/caring-for-your-baby-at-night/

Lullaby Trust: www.lullabytrust.org.uk/safer-sleep-advice

Ways to wake a sleepy baby

If there are concerns about how long your baby has slept, gently rouse your baby by providing tactile stimulation such as changing their nappy, massaging hands and feet, rubbing their back or walking your fingers up and down his or her spine. Your baby can also be placed in skin-to-skin contact (see above).

Kangaroo care
Similar to skin to skin, dressed only in a nappy, the baby is held against your chest between your breasts, snug inside your clothing, often for hours. Partners can do this too. Advantages include more stable breathing, heart rate and temperature; less crying; better weight gain; and increased milk supply.

Ways to settle a crying baby

- Offer a feed
- Put your baby next to your skin (skin-to-skin)
- Wrap in a blanket so your baby feels warm and secure
- Your baby may respond to being cuddled or stroked in a warm bath

For more information: www.nhs.uk/conditions/pregnancy-and-baby/getting-baby-to-sleep/

Safety with a newborn baby

Taking your baby out safely
Your baby is ready to go out as soon as you feel fit enough to go out yourself. Walking is good for both of you. It may be easiest to take a young baby in a sling. If you use a buggy, make sure your baby can lie flat on his or her back.

In a car
It is illegal for anyone to hold a baby while sitting in the back or front seat of a car. The only safe way for your baby to travel in a car is in a properly secured, backward-facing baby seat, or in a carry cot (not a Moses basket) with the cover on and secured with special straps. If you have a car with air bags in the front, your baby should not travel in the front seat (even facing backwards) because of the danger of suffocation if the bag inflates. For more information: www.nhs.uk/conditions/pregnancy-and-baby/child-car-seats-and-child-car-safety/

In cold weather
Make sure your baby is wrapped up warm in cold weather because babies get cold very easily. Take the extra clothing off when you get into a warm place, including the car, so that your baby does not overheat, even if he or she is asleep.

In hot weather
Babies and children are particularly vulnerable to the effects of the sun, as their skin is thinner and they may not be able to produce enough pigment called melanin to protect them from sunburn. The amount of sun your child is exposed to may increase his or her risk of skin cancer in later life. Keep babies under six months old out of the sun altogether, by making the most of the shade such as

trees or using a sunshade attached to the pram, and dressing them in loose baggy clothing. Let your child wear a floppy hat with a wide brim or a 'legionnaire's hat' that shades the face and neck. During summer, cover exposed parts of skin with a sunscreen, even on cloudy or overcast days. Use one with a sun protection factor (SPF) 30 or above and which is effective against UVA and UVB. Re-apply often.

Safety in the home
Children most at risk of a home accident are in the 0—4 age group. Speak to your health visitor for information on practical issues such as fitting smoke detectors and how to keep your baby safe generally. It is advised not to smoke within the home.

For more information: www.nhs.uk/conditions/pregnancy-and-baby/baby-safety-tips/

Vitamin K
Everybody needs Vitamin K to help their blood to clot. Babies are naturally born with low levels of Vitamin K, which is normal. However, very rarely this can lead to Vitamin K Deficiency bleeding (VKDB).

To reduce this chance of bleeding, the Department of Health recommends that all newborn babies are given vitamin K at birth. There are two methods to give your baby Vitamin K.

By injection — one dose is given at birth. This is the method recommended by the Department of Health

By mouth — two doses need to be given in the first week of life, one at birth and at day five of life. Babies that are exclusively breastfeeding will need a third dose at 28 days of life. This dose is given by your health care professional.

Vitamin D
It is recommended that all breast fed babies are offered vitamin D supplementation from birth. For more information: www.nhs.uk/conditions/pregnancy-and-baby/pages/vitamins-for-children.aspx

Screening of your baby

What is the physical examination of the newborn?
Your midwife will complete an initial examination of your baby immediately after the birth. The first detailed examination however, will take place within 72 hours by a specially trained midwife, nurse or doctor. The examination includes eyes, heart and lung sounds, nervous system, abdomen and hips. Your participation in this process is welcome and any concerns you have can be identified and discussed.

The second detailed examination will be done by your GP or health visitor when your baby is 6 to 8 weeks old. If any problems are identified during either of these examinations or at any time in between, your baby will be referred to the appropriate specialist baby doctor, such as a paediatrician or neonatologist.

The checking of your baby's well-being is a continual process, however, and each time your baby is seen by your health visitor a detailed review of growth and development is undertaken as well as a physical assessment. Consequently the progress of your baby is documented, which enables early identification of any problems so that appropriate management and referral can be arranged. All findings will be discussed with you in detail.

Newborn hearing screen
A small number of babies (1—2 in every 1000) are born with hearing loss. A quick screening test can be done, usually before you leave the hospital, to identify those babies with hearing loss so that support and information can be given to you at an early stage. In some areas, the newborn hearing screen may be done at home or at a local surgery or health clinic in the first few weeks of life. Your midwife will be able to tell you where and when the test is likely to happen and will give you a leaflet with more information.

For more information: www.nhs.uk/conditions/pregnancy-and-baby/newborn-hearing-test/

Blood spot test
All babies are offered a simple blood test on day 5 to find the very few who may be affected by the following genetic and metabolic disorders:

- Congenital hypothyroidism
- Cystic fibrosis
- Sickle cell disorders or beta thalassaemia major
- Phenylketonuria
- MCADD (Medium Chain acyl-coA Dehydrogenase Deficiency)
- Maple syrup urine disease (MSUD)
- Isovaleric acidaemia (IVA)
- Glutaric aciduria type 1 (GAI)
- Homocystinuria (pyridoxine unresponsive) (HCU)

Babies with these disorders can then be given early treatment to prevent serious problems. These disorders would not otherwise be diagnosed in the newborn baby, even after careful examination by a doctor. These conditions are covered in more detail in the leaflet ‘Screening tests for you and your baby’.

Your midwife or maternity support worker will take a small sample of blood from your baby’s heel onto a card usually between the 5th and 8th postnatal day (ideally on day 5). This is then sent to a laboratory for testing. The heel prick will only cause a moment of discomfort which your baby will soon forget. Repeat tests are sometimes necessary for various reasons: there may not have been enough blood taken at the first test; the specimen may have been damaged or contaminated; a problem may have occurred with laboratory testing and no result obtained; or there may be a ‘borderline’ or unclear result.

If your baby was born before 36 weeks or received a blood transfusion, a repeat test will be arranged. There are several reasons for an unclear result and the repeat test is often completely normal. If the repeat test is still unclear, arrangements will be made for your baby to see a paediatrician.

Obtaining the results
The results are usually ready within one working week and your health visitor will record them on your child's record.

A positive result
The vast majority of results are negative. However, if your baby has one of these disorders, arrangements will be made for you to see a specialist team experienced in managing these disorders. Your GP will also be contacted.

For more information: www.nhs.uk/conditions/pregnancy-and-baby/newborn-screening/

Early immunisations

BCG (Bacillus Calmette-Guerin)
This is a vaccine offered to babies who may be at risk from contact with TB (tuberculosis). Those at higher than average risk are travellers and the homeless, but also people who have arrived in the UK from Asia, Africa, South and Central America and Eastern Europe.

TB is a potentially serious infection, which usually affects the lungs, but can also affect other parts of the body. The BCG vaccination is usually given to the baby early in the postnatal period. Ideally it should be given before the age of two months.

For more information: www.gov.uk/government/publications/tb-bcg-and-your-baby-leaflet

Hepatitis B
Some people carry the hepatitis B virus in their blood without actually having the disease itself. If a pregnant mother has hepatitis B, or catches it during pregnancy, she can pass it on to her baby. The baby may not be ill but has a high chance of becoming a carrier and developing liver disease in later life. Babies born to infected mothers should receive a course of vaccines. The first dose is given within 24 hours of birth, and two more doses are given at one and two months with a booster dose at twelve months old. For more information: www.nhs.uk/conditions/vaccinations/hepatitis-b-vaccine/